

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HL</i>	<i>7/3</i>	<i>8/5/04</i>
O.I.P.E. CLASSIFIER	<i>HL</i>	<i>6/9/04</i>	<i>10/22/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
÷ Restricted O Objected

Claim		Date									
Final	Original										
	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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